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CONFIRMATION NO. 9927

SERIAL NUMBER 09/980,329	FILING OR 371(c) DATE 03/05/2002 RULE	CLASS 601	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 41482/205543
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US00/16471 06/14/2000 which claims benefit of 60/139,124 06/14/1999

**** FOREIGN APPLICATIONS *******

RU
RU (none)

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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ADDRESS

30559

TITLE

RU
 Method and kit for cavitation-induced tissue healing with low intensity ultrasound

FILING FEE RECEIVED 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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